



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
CMI INTOXILYZER 5000 MAINTENANCE REPORT

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOXILYZER 5000 SN <u>66005190</u>	NAME OF AGENCY <u>Dexter Police Dept.</u>	DATE OF INSPECTION <u>10-15-2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>305 Cooper Dexter, Mo. 65841</u>		TIME OF INSPECTION <u>0546 hrs.</u>

CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- ☒ DVM TEST: (.350 ± .150) 230
- ☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 10-15-14 0349
- ☒ CHARACTER DISPLAY TEST
- ☒ PRINT TEST (PRINTOUT ATTACHED)
- ☒ SIMULATOR SOLUTION SUPPLIER Repro LOT # 13002 EXP. DATE 6-19-15
- ☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN SD3328 EXP. DATE 3-11-15
- ☐ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
- Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- ☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
- ☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 <u>.097</u>	TEST 2 <u>.096</u>	TEST 3 <u>.097</u>
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☒ PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <u>0</u>	0-.04 <u>1</u>	.05-.09 <u>0</u>	.10-.14 <u>0</u>	.15-.19 <u>1</u>	Over .19 <u>0</u>
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

SIGNATURE <u>[Signature]</u>	PRINT FULL NAME <u>John Moore</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>240331 9-3-16</u>	TELEPHONE NUMBER <u>(573) 624-5512</u>

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 13002

EXPIRATION DATE: June 19, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1217 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L Breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is June 20, 2013
The expiration date for this lot number is June 19, 2015 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marketing, Inc.

DEXTER PD
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005190
10/15/2014

TEST	%BAC	TIME
AIR BLANK	.000	03:45
CAL. CHECK	.097	03:46
AIR BLANK	.000	03:46
CAL. CHECK	.096	03:47
AIR BLANK	.000	03:47
CAL. CHECK	.097	03:47
AIR BLANK	.000	03:48

NO RFI PRESENT

DEXTER PD
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005190
10/15/2014

DIAGNOSTIC TEST 03:49

PROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

DEXTER PD

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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EMI

SUBJECT'S NAME

DEXTER PD

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EMI

SN 66-005190
E735.23

10/15/2014
03:43

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#tabcde
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNPOQR
ABCDEFGHIJKLMNPOQRSTU
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789!@#tabcde

SN 66-005190
E735.23

10/15/2014
03:50

INVALID TEST
INHIBITED - RFI

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